

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
107517794

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7		1					57						
8	1						58						
9		2/1					59						
10		1/2					60						
11		2					61						
12		2					62						
13		2/1					63						
14		2					64						
15		2					65						
16		2					66						
17		2					67						
18		1/2					68						
19		2/1					69						
20		1/2					70						
21		1/2					71						
22		1/2					72						
23		1/2					73						
24		1/2					74						
25		2/1					75						
26		2					76						
27		2					77						
28		1/2					78						
29		2/1					79						
30		2/1					80						
31		2/1					81						
32		2					82						
33		2/1					83						
34		1/2					84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL D.	2						TOTAL IND.						
TOTAL EP.	23						TOTAL DEP.						
TOTAL AIMS	25						TOTAL CLAIMS						

BEST AVAILABLE COPY

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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